

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000692

1. Entity Name

BILL PRANKARD EVANGELISTIC ASSOCIATION, INC.

**FILED**  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90079 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2132 SHADOWLAWN DR.  
NAPLES FL 34101

2132 SHADOWLAWN DR.  
NAPLES FL 34112-4847

2. Principal Place of Business

3. Mailing Address

Bermuda Island

Box 9996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3300 Bermuda Isle Circle

Suite #329-A

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34109

USA

34101

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1601561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVE STE 900  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME PRANKARD, BILL REV.  
STREET ADDRESS 2224 INNES RD GLOUCESTER, ONTARIO  
CITY-ST-ZIP CANADA, K1L 8E2

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WALLEDA-ZOPPE, TINO  
STREET ADDRESS 3650 HENERIETTA PLACE  
CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MALLORY, DAVID REV.  
STREET ADDRESS 2132 SHADOWLAWN DR.  
CITY-ST-ZIP NAPLES FL 34101

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STARRATT, PAUL REV.  
STREET ADDRESS BOX 7084 RR#5 PEMBROKE, ONTARIO  
CITY-ST-ZIP CANADA K8A 6W6

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)